

United States Bankruptcy Court

CHAPTER 13

2001 SEP 20  
PROOF OF CLAIM

## DISTRICT OF ID

Name of Debtor

ASA W ROARK

Case Number

0102073

Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

Name of Creditor (The person or entity to whom the debtor owes money or property):

OSI FUNDING, L.L.C.

Name and address where notices should be sent:

OSI Portfolio Services  
Bankruptcy Department  
P.O. Box 105460  
Atlanta, GA 30348-5460

Telephone Number:

800-619-3419

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☒ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

3950880498

Check here if this claim: ☐ replaces☐ amends a previously filed claim, dated:

## 1. Basis for Claim:

☐ Goods Sold☐ Services performed☒ Money loaned☐ Personal injury/wrongful death☐ Taxes☐ Other☐ Retiree benefits as described in U.S.C. §1114(a)☐ Wages, salaries, and compensations (fill out below)

Your SS #: \_\_\_\_\_

Unpaid compensations for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date)

(date)

2. Date debt was incurred:

01/23/97

3. If court judgement, date obtained:

4. Total Amount of Claim at Time Case Filed: \$6,153.91

If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below.

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

☐ Real Estate☐ Motor Vehicle☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

## 6. Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to \$4,300) earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(3).

☐ Contributions to employee benefit plan - U.S.C. §507(a)(4).

☐ Up to \$1,950 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(6).

☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. §507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. §507(a)(\_\_\_\_).

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

08/31/01

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Handwritten signature

Bankruptcy Analyst

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***OSI Portfolio Services***

Bankruptcy Department  
P.O. Box 105460  
Atlanta, Georgia 30348-5460  
Telephone: 800-619-3419  
Fax: 678-417-5075

**AUGUST 31, 2001**

**ASA W ROARK  
2010 N LINDER RD  
MERIDIAN, ID 83642-1316**

**STATEMENT OF ACCOUNT**

Debtor's Name:	<b>ASA W ROARK</b>
Creditor:	<b>OSI FUNDING, L.L.C.</b>
Account Number:	<b>3950880498</b>
Original Creditor:	<b>FIRST USA</b>
Original Account Number:	<b>4417128603685106</b>
Write Off Date (Charge Off Date):	<b>05/16/00</b>
Principle Balance:	<b>\$6,153.91</b>
Balance Due:	<b>\$6,153.91</b>
Interest Rate:	<b>12. %</b>

*"The law requires us to stop contacting you about this debt if you write to us and ask us to stop. However, under the law, we may still contact you for two reasons: (1) to advise you that we intend to pursue specific remedies as permitted by law; or (2) to advise you that our efforts are being terminated. This law is enforced by the Federal Trade Commission, Washington, D.C. 20580."*  
*This communication is from a debt collector for the purpose of resolving a dispute or to collect a debt. Any information obtained will be used for that purpose.*